Atrium Health

2025

Atrium Health Anson

Atrium Health Anson
Community Health Needs Assessment

2301 US-74
Wadesboro, NC 28170

Letter from the Leader

At Advocate Health, which Atrium Health is a part of, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey, with everyone playing a part, from discovery to everyday moments.

This Community Health Needs Assessments (CHNA) is a roadmap for the future we are working toward, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously, and act boldly to the changing needs and strengths of a community. Here at Atrium Health Anson and across the communities we serve, we are working together with other health systems, health departments and community organizations, engaging with our neighbors and analyzing local data, so we can provide the best possible care that extends beyond our hospital walls.

As we close another CHNA cycle, we are inspired by the profound difference we make each day – across our hospitals, clinics and communities. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is shaped by the communities we serve – and together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and wellbeing of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation but an invitation to keep it going. We welcome your feedback, ideas, or suggestions. At the end of this report, you will find an email where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your community.

Let’s move forward - together - toward better health for all.

Steve Smoot
Division President/Southeast
Advocate Health

Table of Contents

I. Executive Summary 04

II. Description of Atrium Health and Atrium Health Anson 05

A. Atrium Health 05

B. Atrium Health Anson 05

III. 2025 Community Health Needs Assessment 06

A. Community Definition 06

B. How the CHNA was Conducted 09

C. Summary of CHNA Findings 12

IV. Prioritization of Health-Related Issues 20

A. Priority Setting Process 20

B. Health Needs Selected 20

C. Health Needs Not Selected 21

V. Approval of Community Health Needs Assessment 21

VI. Vehicle for Community Feedback 21

VII. Evaluation of Impact from Previous CHNA 21

VIII. Appendices 23

Appendix 1: 2025 Community Survey 23

Appendix 2: Community Resources Available for Significant Needs 23

Appendix 3: Sources 24

EXECUTIVE SUMMARY

Atrium Health Anson is an active member of the Central Carolina Community Collaborative. The collaborative includes health systems, health departments and numerous community organizations that work to align data sources and implement programs to impact the health and well-being of their communities. In 2025, the collaborative aligned data sets, survey execution and the report template design with the future goal of creating improvement plans together for a broader impact.

In summer of 2025, ad hoc members of Atrium Health Anson met to review the community health assessment data, based on the following components:

Community Health Survey (primary data): Within the 2024 cycle, a survey was conducted via telephone where residents completed questions related to top health needs in the community, health promotion and disease prevention. A random sample of 100 individuals aged 18 and older in Anson County was surveyed through phone interviews, both landline and cell phone interviews. Once the interviews were completed, the survey results were weighted in proportion to the actual population distribution to appropriately represent Anson County as a whole. These survey results were revisited and incorporated in the current CHNA cycle to build on previously identified insights.

Key Informants Interviews (primary data): Within the 2024 CHNA cycle, 32 key informant interviews were conducted by email with key leaders to identify the top social drivers of health and health conditions/behaviors in the community. Participants included physicians, public health representatives, social services providers, and other health providers and community leaders. These interviews were revisited and incorporated in the current CHNA cycle to build on previously identified insights.

Metopio (secondary data): Advocate Health has a contract with Metopio, a robust digital platform that curates data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographics, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: https://public.metopio.io).

County Health Rankings and Roadmaps: Anson County 2025 (secondary data): A program of the University of Wisconsin Population Health Institute, provides a compilation of data using county-level measures from a variety of national and state data sources.

In 2025, Atrium Health Anson considered the following criteria in determining the health needs to prioritize:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the health issue
- The health care system is adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issues to impact other health and social issues
- Ability to effectively address or impact health issues through collaboration

As a result, Atrium Health Anson prioritized the following significant health needs to address in our 2026-2028 implementation strategy:

- Chronic Disease & Prevention
- Alcohol & Substance Use

The 2025 CHNA was presented to the Atrium Health and Hospitals, Inc. Board, the authorizing body of the hospital. The board approved the report on August 19, 2026.

ATRIUM HEALTH

Atrium Health is a nationally recognized leader in shaping health outcomes through innovative research, education and compassionate patient care. Based in Charlotte, North Carolina, Atrium Health is part of Advocate Health, the third-largest nonprofit health system in the United States. A recognized leader in experiential medical education and groundbreaking research, Wake Forest University School of Medicine is the health system's academic core. Atrium Health is renowned for its top-ranked pediatric, cancer and heart care, as well as organ transplants, burn treatments and specialized musculoskeletal programs. Atrium Health is also a leading-edge innovator in virtual care and mobile medicine, providing care close to home and in the home. It is ranked nationally among U.S. News & World Report's Best Hospitals in eight pediatric specialties and for rehabilitation. With a commitment to redefine care for every community it serves, Atrium Health provides nearly $3 billion in free and uncompensated care and other community benefits.

ATRIUM HEALTH ANSON

At Atrium Health Anson, we are proud of our culture of commitment to serving our rural communities. We bring together a 24/7 emergency department, a 15-bed hospital and a primary care physician's office all in one location. We also offer a full range of services, providing coordinated and personalized care for you and your entire family - where and when you need it. With a primary care physician's office on-site, we provide a welcoming environment to help you establish a single home for your most common medical needs. We focus on helping you build a relationship with your primary care provider so that together, we can prevent diseases or health conditions. We want to make it easy for you and your family to choose quality health care that's close to home.

Emergency Care

Primary Care

Imaging Services

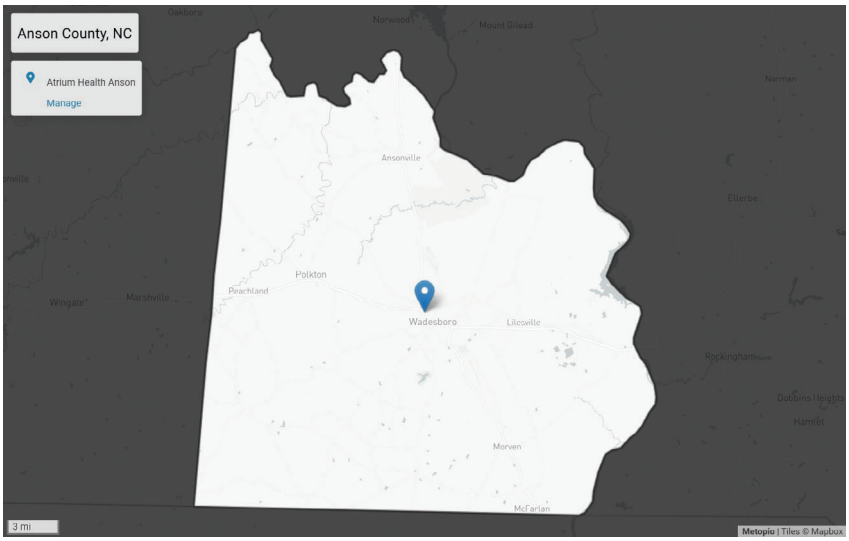
2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, "community" is defined as Anson County.



Atrium Health Anson serves the residents of Anson County, a predominantly rural area located in the eastern portion of North Carolina's Piedmont region, bordering South Carolina. The county spans approximately 537 square miles, with 531 square miles of land and 5.6 square miles of water. Its landscape includes rolling hills, forests, and several significant water bodies such as the Pee Dee River, Blewett Falls Lake, and Brown Creek. The Pee Dee National Wildlife Refuge, covering over 8,400 acres, is a notable natural resource in the region. Anson County's population is estimated at around 21,900 residents, with most living in low-density areas. The county seat is Wadesboro, which also hosts Atrium Health Anson, a critical healthcare provider in a region facing challenges related to access to care, economic hardship, and chronic disease prevalence. The community's rural character, geographic spread, and limited infrastructure shape both the health needs and service delivery strategies for the county.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

Note about the data:

- 1-year data is used where available for large counties (65,000+ residents) to provide the most recent and relevant data.
- Multi-year data is used for small counties (under 65,000 residents) to reduce short-term fluctuations and the margin of error. This Anson County report uses multi-year data where available.

2019-2023 Anson County Data Estimates

Population
21,903

The population has decreased by 18.2% between the 2010 and 2020 decennial census.

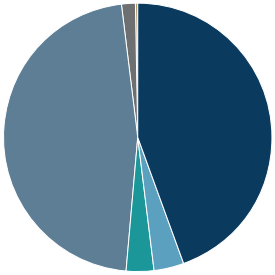
Gender
50% Male

50% Female

Median Age
42.4

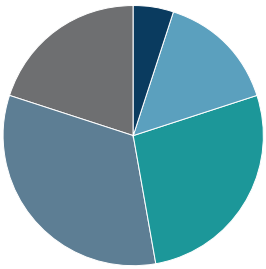
Race/Ethnicity

Non-Hispanic White	44.5%
Hispanic or Latino	3.7%
Two or more races	3.3%
Non-Hispanic Black	46.7%
Asian	1.6%
Native American	0.2%



Population by Age Group

Infants 0-4	5.2%
Juveniles 5-17	15%
Young Adults 18-39	27.2%
Middle-Age 40-64	32.6%
Seniors 65+	19.9%

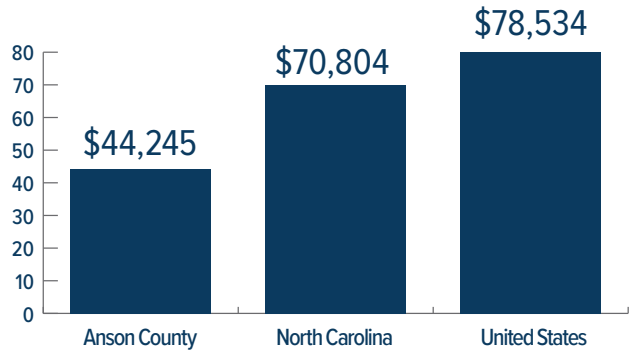


Primary language at Home, other than English

3.8% Spanish

1.2% Asian Languages

Median Household Income



Education

Individuals with a high school degree

82.4% Anson County

90.6% North Carolina

89.8% United States

Individuals with a bachelor's degree or higher

10.9% Anson County

36.8% North Carolina

36.2% United States

Population Living Below Poverty Level

21.2% Anson County

13.2% North Carolina

12.4% United States

Household/Family

8.9% Single Parent Families

34.3% Seniors Living Alone

Employment

Unemployment rate

6.9% Anson County

4.8% North Carolina

5.2% United States

Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Social Drivers of Health can also cause **health differences** between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough–we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

To better understand these factors and identify health inequities in a community, Advocate Health has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of four important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. This approach allows health improvement efforts to be focused where they are most needed.

Social Vulnerability Index (SVI)

The SVI shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status. Scores range from 0 (least vulnerable) to 100 (most vulnerable). *(Source: Metopio, CDC, 2022)*

The SVI for Anson County is significantly higher than the state and national averages indicating a lower community resilience and fewer availability of resources.

Childhood Opportunity Index

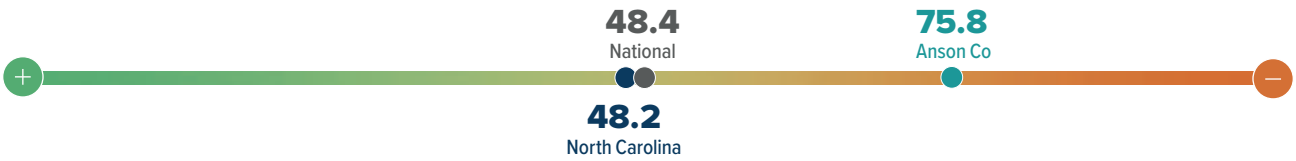
The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100). (Source: Metopio, Diversitydatakids.org, 2017–2021)

The Child Opportunity Index 3.0 for Anson County, is 2 indicating a Very Low score. It is significantly lower than the state and national average, which suggests children in the area face limited access to key resources that support healthy development, such as quality education, safe housing, and economic stability.

Hardship Index

This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. (Source: Metopio, U.S. Census Bureau, ACS, 2018–2022)

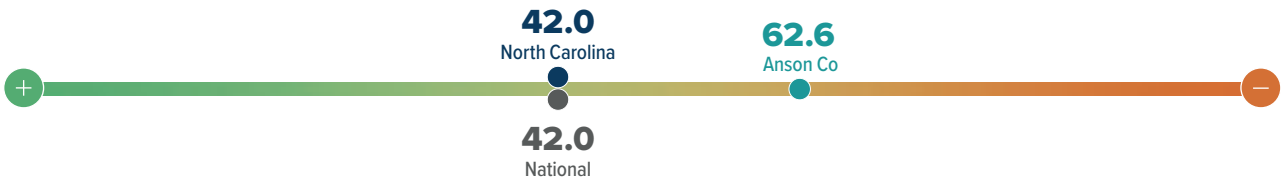
The Hardship Index reveals significant disparities in Anson County, indicating a higher level of hardship compared to the state and national average. Anson County has a hardship index of 75.8, significantly higher than 48.2 in North Carolina and 48.4 in the United States.



ALICE Index

ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percentage of working households that earn above the poverty line but still can't afford basic needs like housing, food, and childcare. The data presented is the percentage of households living below the ALICE threshold.

The data suggests that Anson County has a higher proportion of households facing financial hardship than the state and the country.



How the CHNA Was Conducted

Purpose and Process

Every three years the CHNA serves as the foundation from which Atrium Health Anson and local health departments develop their respective community health improvement strategies. These findings are also intended to inform a broader audience – community health centers, government health agencies, public health departments, philanthropists, community-based organizations, and civic leaders - about the top health issues facing our community. This 2025 cycle was conducted with the Central Carolina Community Collaborative.

Partnership: The Central Carolina Community Collaborative

The Central Carolina Community Collaborative launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:

Health Systems

Alleghany Health · Atrium Health · CaroMont Health · Hugh Chatham Health · Novant Health · Scotland Health Care System (Closer Care. Better by Far.)

Public Health

Cabarrus Health Alliance · Davidson County Health Department (Protecting, Caring, Serving Our County) · Davie County Health & Human Services · Forsyth County Department of Public Health (Promoting Health, Improving Lives) · Gaston County Public Health · Lincoln County North Carolina · Rowan County Public Health (Prevent. Promote. Protect. Be an original.) · Scotland County Health Department · Union County North Carolina · Wilkes Health

Community Organizations

DellaRe Consulting · UNC Gillings School of Global Public Health, North Carolina Institute for Public Health · United Way Davidson County · United Way of Lincoln County · Rowan County United Way · Urban Institute Regional Data Trust

Regional CHNA Approach: This Community Health Needs Assessment was strengthened by the use of shared data resources and collaborative platforms that enhanced both the depth and accessibility of our analysis. We are especially grateful for the Central Carolina Community Collaborative's support in leveraging the **Atlas** site—a regional data-sharing hub that promotes transparency and cross-sector alignment. CCCC Atlas

Additionally, the **Metopio** platform played a critical role in visualizing complex health and demographic data, enabling stakeholders to explore trends, disparities, and community assets in an interactive and user-friendly format. These tools not only informed our findings but also empowered partners and residents to engage with data in meaningful ways, fostering a more informed and connected approach to community health improvement.

Data Sources, Collection and Analysis

Community Surveys

Within the 2024 CHNA cycle conducted in partnership with the Anson County Health Department, a brief survey was conducted with residents via telephone. The sample design used for this effort consisted of a random sample of 100 individuals aged 18 and older in Anson County. Once the phone interviews were completed, the data were then weighted in proportion to the actual population distribution to appropriately represent Anson County as a whole. All administration of the surveys, data collection, and data analysis were conducted by PRC, which was the consultant chosen for the report. This survey data was revisited and incorporated in the current CHNA cycle to build on previously identified insights.

Key Informant Interviews

To learn more specifics about the community's needs, stakeholders and leaders who have broad knowledge of the health of the community, email interviews were also conducted as part of this process. Board members and community leaders were part of this informative process. Participants were chosen because of their ability to identify the primary concerns of the populations with whom they work, as well as of the community overall. Thirty-two participants completed the interviews. The interviews were conducted as part of the 2024 CHNA cycle and the data was incorporated as part of this 2025 cycle to ensure continuity in understanding the community's key health drivers.

County Health Rankings & Roadmaps

County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin Population Health Institute, draws attention to why there are differences in health within and across communities. The program highlights policies and practices that can help everyone be as healthy as possible. CHR&R aims to grow a shared understanding of health, equity and the power of communities to improve health for all. This work is rooted in a long-term vision where all people and places have what they need to thrive. *(County Health Rankings & Roadmaps, About Us, 2025)*

Secondary Data

Central Carolina Community Collaborative has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available *(Metopio: https://public metopio.io)*. All data collected through Metopio was quantitative and included data comparisons between county, the state of North Carolina and United States data.

Limitations of the Assessment

This report gives us a lot of helpful information about the health of people in the community. But it does not tell us everything. Some groups of people couldn't take part, like people without homes, people in jails, or people who don't speak English or Spanish, or Creole which were the languages supported by the survey. Respondents were also more likely to be insured, have a college education, be Caucasian and female. Through community collaboration and engagement, our teams will be intentionally working with underrepresented populations to amplify the community's voice in the implementation strategy phase of the work.

Also, even though the report talks about many health and social topics, it does not cover every sickness or health problem.

Summary of Findings

Overall Health Status

Overall, the health outcomes of Anson County are slightly worse than the average county in the state and the average county in the nation. (County Health Rankings and Roadmaps, 2025)

However, many disparities – or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021). Racism, both in systems and in personal interactions, is a key reason for these health inequities and the disparities in disease burden (CDC, 2024).

Before exploring the data on the specific health issues in the following sections, it is important to understand that a person's health is influenced by many factors beyond their control. It is not just about personal choice. In fact, nearly 70 percent of a community's health is shaped by things such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2014). These social drivers of health include socioeconomic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Mortality

The leading causes of death in Anson County are:

All Ages:

Diseases of the heart
Cancer
COVID-19

Ages 0-19:

Conditions in perinatal period
Motor vehicle injuries
Homicide/Other unintentional injuries

(North Carolina County Health Data Book 2025)

Life Expectancy

The average life expectancy among residents:

- Anson County: 70.4 years
- North Carolina: 75.9 years
- United States: 77.1 years
  (County Health Rankings & Roadmaps, Anson, North Carolina).

Overall, the service area has seen a decrease in life expectancy from 74.0 in 2019.

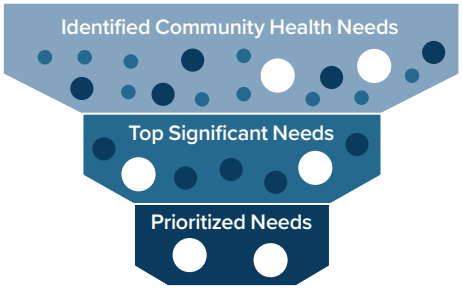
Identified Significant Needs

Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The health needs identified in this CHNA cover a variety of factors, including health outcomes, social drivers, and health behaviors, which are all closely connected.

Health outcomes are the measurable results of a community's overall health, such as rates of chronic diseases, infant deaths, or life expectancy. These outcomes are greatly influenced by the **social drivers of health** like income, education, employment, and access to healthcare. These factors can either help or hurt a person's ability to stay healthy. **Health behaviors**, like physical activity, diet, smoking, and substance use, also affect health outcomes. These behaviors are often shaped by the social environment, such as community norms, available resources, and socioeconomic status.

There are many health needs within a community, which can make it difficult to know where to focus efforts. This is why community input is so important during the CHNA process. It helps guide our organization and the broader community in prioritizing the most important issues to address. For a health need to be considered significant, it should reflect a pressing concern for the community, align with public health priorities, and be supported by data. Additionally, using secondary data helps identify the root causes of health disparities within the significant need, which allows us to develop targeted solutions to improve health outcomes.



Top Health Concerns in Anson County

The following needs, listed below in alphabetical order, represent the significant health needs of the community based on the information gathered through the assessment process.

Areas of Opportunity Found Through the Assessment	
Alcohol and Substance Use	• Alcohol-impaired driving deaths • Alcohol-related mortality • Drug overdose ED visits • Alcohol, Opioid-related and substance use ED visit rate
Chronic Disease & Prevention	• Heart disease and cancer are top two leading causes of death for all ages • Adult obesity and lack of exercise • Mortality rates higher than state and country for Alzheimer's, cancer, chronic lower respiratory disease, COVID-19, diabetes, heart disease, and stroke • COVID-19, asthma, stroke, COPD, heart failure, and diabetes emergency department visit rates
Community Safety	• Motor vehicle injuries and homicide are two of the top leading causes of death for ages 0-19 • Homicide mortality rate • Motor vehicle injury ED visits and hospitalization rates • Violent death rates • Assault by firearms hospitalization and ED visit rates
Maternal & Child Health	• Infant, neonatal, and post neonatal mortality rates • Preterm births • Low birth weight • Teen pregnancy rate
Social Drivers of Health	• Food Insecurity • Lack of transportation • Housing insecurity • Poverty rate

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

Alcohol and Substance Use

SIGNIFICANT NEED

Why is this important? Alcohol and substance use (including tobacco, illegal mood-altering drugs and misusing prescription drugs) contribute to preventable health issues and are linked to social and economic issues. Alcohol and substance use are also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

Significant Need Reasoning

Of the **driving deaths in Anson County, 35.5% of them involved alcohol impairment.** This is higher than the percentage of alcohol-impaired driving deaths for North Carolina at 24.6% and the United States at 26.3%.

The **alcohol-related mortality rate** in Anson County is 12.2 deaths per 100,000, compared to the state rate of 11.6 deaths per 100,000.

Key Findings

- The rate of drug overdose ED visits in Anson County is 178.1 visits per 100,000 residents, higher than North Carolina's rate of 161.8.
- The substance use ED visit rate in Anson County is 1,004 visits per 100,000 residents, significantly higher than North Carolina's rate of 453.7.

Contributing Factors

Treatment and support for drug and alcohol use are not easily accessible to all people, especially for populations that are experiencing low income or have limited resources within their community.

- Barriers & Challenges:
  - » Lack of providers
  - » Cost of care
  - » Lack of awareness of services
  - » Stigma
  - » Concern for repercussions
  - » Lack of insurance

HIGHLIGHTED DISPARITIES

Drug Overdose Deaths*	
Anson County	32.7
Non-Hispanic White	32.3
Asian or Pacific Islander	62.0

Drug overdose mortality	
Anson County	24.4%
Males	32.4%

Opioid Related ED vist rate*	
Anson County	261.3
North Carolina	160.5

*(*deaths per 100,000 residents)*

Chronic Disease and Prevention

SIGNIFICANT NEED

Why is this important? Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease. (CDC, 2024)

Significant Need Reasoning

The United States has a high **access to exercise** opportunities, with a national average of 84.5%. However, North Carolina lags behind the national average, with a rate of 78.0%, and **Anson County has the lowest access at 36%.**

Secondary data shows that Anson County has **higher mortality rates** than the state and national averages for Alzheimer's, cancer, chronic lower respiratory disease, COVID-19, diabetes, heart disease, and stroke.

Key Findings

- The obesity rate in Anson County is 43.1%, which is higher than North Carolina at 33.9% and the United States at 33.2%.
- In Anson County, the Alzheimer's mortality rate is notably higher at 59.3 deaths per 100,000, compared to North Carolina's rate of 35.4 and the national average of 30.0.
- The cancer mortality rate for Anson County is 272.0 deaths per 100,000 people, surpassing the state rate of 150.7 and the national rate of 144.1.
- The top three leading causes of death for Anson County are heart disease, cancer, and COVID-19. (County Health Rankings and Roadmaps, 2025)

Contributing Factors

Many chronic diseases can be prevented with healthy habits. But people with more money, education, and support tend to live longer and avoid these conditions. Without these resources, people often have worse health and shorter lives. For some, eating healthy or staying active is tough because of limited access to good food, busy schedules, or mental health struggles. Things like working multiple jobs or not having stable housing also make it harder to stay healthy. It's important to understand that making healthy choices isn't always easy – and it's not equal for everyone.

- Barriers & Challenges:
  - » Lack of access to exercise opportunities
  - » Green space proximity
  - » Access to nutritional foods/food insecurity
  - » Obesity

HIGHLIGHTED DISPARITIES

Disease Mortality Rates *(Deaths per 100,000 residents)*	**Anson County**	**North Carolina**	**United States**
Alzheimer's	59.3	35.4	30.0
Cancer	272.0	150.7	144.1
Chronic Lower Respiratory Disease	61.9	38.6	35.4
COVID 19	121.2	45.5	48.9
Diabetes	54.1	27.1	23.6
Heart Disease	305.1	161.6	166.5
Stroke	141.6	47.6	39.0

ED Visit Rates *(per 100,000 residents)*	**Anson County**	**North Carolina**
COVID-19	1,725.3	464.5
Asthma	680.1	216.0
Stroke	278.9	89.7
COPD	1,114.8	434.4
Heart Failure	566.0	125.7
Diabetes	857.0	273.7

Community Safety

SIGNIFICANT NEED

Why is this important? Community safety is a foundational element to health because it directly affects physical and mental well-being. When people feel safe in their neighborhoods, they are more likely to engage in outdoor activities, access local services, and build strong connections. Violence and crime can lead to chronic stress, trauma, and reduced access to care, especially for vulnerable populations.

Significant Need Reasoning

Motor vehicle injuries and homicide are two of the top leading causes of death for ages 0-19 in Anson County. *(North Carolina County Health Data Book, 2025)*

Homicide mortality is significantly higher in Anson County at 22.7 deaths per 100,000, compared to 8.6 in North Carolina and 7.4 in the United States.

Secondary data indicates that assault by firearms is a significant issue in Anson County as the emergency department visit rate is 138.5 per 100,000 residents, compared to 31.0 in North Carolina.

Key Findings

- The motor vehicle injury hospitalization rate in Anson County is 108.7 per 100,000 people, while the North Carolina rate is 68.5. Likewise, the motor vehicle injury ED visit rate is higher in Anson County at 2,311.1 compared to North Carolina at 1,059.1.
- In Anson County, the rate of juveniles served by Juvenile Crime Protection Councils is 23.3 per 1,000 juveniles, higher than the state rate of 21.5.
- Violent deaths are higher in Anson County than in North Carolina overall. The violent death rate for Anson County is 33.6 deaths per 100,000 residents, while North Carolina's rate is 25.2.

Contributing Factors

Community safety can be affected by things like not having enough streetlights, broken sidewalks, or places where people feel unsafe. When neighborhoods do not have good housing, parks, or places to play, it can make people feel worried or scared. Safety also depends on people working together and trusting each other, like neighbors helping neighbors. When everyone feels safe, it is easier to stay healthy and happy.

- Barriers & Challenges:
  - » Built environment: poor lighting, lack of sidewalks, deteriorating infrastructure
  - » Limited access to parks and recreational spaces
  - » Exposure to pollution or frequent environmental disasters
  - » Poverty
  - » Unemployment
  - » Housing instability
  - » Food insecurity
  - » Substance use
  - » Limited access to mental health
  - » Gun violence

HIGHLIGHTED DISPARITIES

Violent Deaths*

33.6 Anson County
46.2 15-24 Years
36.4 25-34 Years
67.2 35-44 Years

Motor Vehicle Injury Hospitalizations*

108.7 Anson County
171.2 25-34 Years
209.9 85+ Years

Assault by Firearms Hospitalizations*

16.4 Anson County
» **36.3** – Non-Hispanic Black
10.9 North Carolina

*(*Rates per 100,000 residents)*

Maternal and Infant Health

SIGNIFICANT NEED

Why is this important? Maternal and child health focuses on the health and well-being of women during pregnancy, childbirth, and the postpartum period, as well as the health of infants and children. It encompasses access to quality prenatal care, safe delivery services, and early childhood health interventions to reduce disparities and improve long-term outcomes for families.

Significant Need Reasoning

Conditions originating in the perinatal period is the top leading cause of death in Anson County for ages 0-19. *(North Carolina County Health Data Book, 2025)*

The **infant mortality and neonatal mortality rates** and rate of **low-birth-weight rates** are higher in Anson County than North Carolina and the United States.

Key Findings

- The infant mortality rate in Anson County is 8 deaths per 1,000 live births, compared to 6.7 in North Carolina and 5.5 in the United States.
- In Anson County, the neonatal mortality rate is 6 neonatal deaths per 1,000 live births, while the North Carolina rate is 4.6.
- Of all live births in Anson County, 13.3% had a low birth weight, compared to 9.4% in North Carolina and 8.5% in the United States.
- The teen pregnancy rate in Anson County is higher than that of North Carolina at 36.9 pregnancies per 1,000 female teens. North Carolina's rate is significantly lower at 20.8.

Contributing Factors

Maternal and infant health issues are shaped by a complex interplay of social, economic and systemic factors. Sometimes it is hard to find doctors or get appointments especially if people do not have transportation or insurance. All these things together can make it tough for moms and babies to be healthy.

- Barriers & Challenges:
  - » Poverty and economic inequality
  - » Transportation to care
  - » Food insecurity
  - » Housing instability
  - » Insurance coverage gaps
  - » Fragmented care systems
  - » Cost of services
  - » Education and knowledge of care through pregnancy
  - » Childcare gaps
  - » Language and cultural barriers

HIGHLIGHTED DISPARITIES

	Very low birth weight	Infant mortality rate*
Anson County	3.4%	10.6
Non-Hispanic White	13.3%	–
Non-Hispanic Black	80%	11.6
Hispanic or Latino	–	17.2
Two or more races	–	38.5

*(*Deaths per 1,000 live births)*

Social Drivers of Health

SIGNIFICANT NEED

Why is this important? Economic stability and reliable transportation enable access to medical care, nutritious food, safe housing and employment – all of which directly influence physical and mental well-being. Without these resources, individuals often delay care, experience higher rates of chronic illness, and face greater health disparities. Together they shape the foundation for equitable and sustainable health outcomes.

Significant Need Reasoning

8.6% of households in Anson County do not have **access to a vehicle.** This is higher than 5.3% in North Carolina and 8.3% in the United States.

Almost 19% of residents in Anson County experience food insecurity, higher than 15% in North Carolina and 14.5% in the United States.

Key Findings

- Housing insecurity in Anson County, North Carolina, stands at 21.8%, which is higher than the state's overall rate of 14.3%.
- Secondary data shows that lack of transportation is an issue for residents of Anson County, as 13.4% lack transportation and 8.6% do not have access to a vehicle, compared to 9% and 5.3% in North Carolina respectively.
- In Anson County, 18.8% of households have severe housing problems, compared to 14.2% in North Carolina and 17.0% in the United States.

Contributing Factors

Lack of access to transportation is tied to several health indicators, as it affects access to care, food, and employment opportunities. Food insecurity, specifically very low food access, contributes to chronic disease and is further exacerbated by the poverty rate in the area.

- Barriers & Challenges
  - » Infrastructure deficiencies
  - » Zoning and land use policies
  - » Gentrification and displacement
  - » Funding challenges
  - » Program fragmentation among federal, state, and local services
  - » Not enough attention to the issue
  - » Lack of community support

HIGHLIGHTED DISPARITIES

Very low food access

8%	Anson County
8.7%	Non-Hispanic White
11%	Native American

Severe housing cost burden

15.7%	Anson County
16.1%	Hispanic or Latino
19.7%	Non-Hispanic Black
19.7%	Two or more races

Poverty Rate

21.2%	Anson County
13.2%	North Carolina
12.4%	United States

AREAS TO WATCH

We are closely monitoring emerging data indicators that may signal rising community concerns. While these issues have not yet reached priority status, continued tracking will help determine whether they warrant deeper analysis or targeted intervention in future assessments.

Reproductive & Sexual Health: The rate of AIDS diagnosis increased in Anson County from 5.2 (per 100,000 people) in 2022 to 31.4 in 2023, compared to 6.9 and 7.0 in North Carolina respectively. This same pattern is seen in Chlamydia and HIV diagnosis rates.

Disaster preparedness was included in the survey for the first time, revealing that over 99% of respondents feel somewhat prepared or very prepared for a disaster. This may reflect the annual mock disaster drills conducted by the Anson County Emergency Preparedness Department. However, due to the small sample size from Anson County, further community input is needed to better understand perceptions of disaster readiness.

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

In August 2025, an ad hoc group of leaders from Atrium Health Anson prioritized significant needs based on the criteria below.

- **Size/seriousness of the problem**
- **Effectiveness of available interventions**
- **Available resources to address the health issue**
- **Health care system adequately situated to address the health issue**
- **Meets a defined community need as identified through data**
- **Potential for issue to impact other health and social issues**
- **Ability to effectively address or impact health issue through collaboration**

Significant Health Needs Selected

Using these criteria, Atrium Health Anson prioritized these significant health needs to address in the 2026-2028 implementation strategy:

Chronic Disease and Prevention

Alcohol & Substance Use

HEALTH NEEDS NOT SELECTED

Social Drivers of Health

This is a larger systemic issue that requires a community-wide, collective response. Atrium Health Anson will support efforts within the community as needed, especially in housing, transportation and food insecurity efforts. Additionally, providers will refer to community resources for identified needs of individual patients in our healthcare facilities.

Community Safety

While community safety is an important priority, many issues are being addressed through existing local initiatives and organizations. Atrium Health Anson will continue to partner with other agencies to address the need but focus on more direct health outcomes.

Maternal & Infant Health

Maternal and infant health continues to be a significant health concern in Anson County, contributing to infant and neonatal mortality and preterm births. While the need is evident, it was not selected as a top priority for this CHNA cycle due to the complexity of addressing maternal and infant health without proper programming infrastructure and appropriate partnerships. Additionally, other health issues emerged as more actionable within the scope of current community resources and partnerships. Atrium Health Anson remains committed to supporting regional efforts and advocacy aimed at reducing maternal and infant health issues.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Atrium Health and Hospitals Inc. Board, the authorizing body of the hospital. The board approved the report on .August 19, 2026.

VEHICLE FOR COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions, and questions can be submitted by using the email below. Feedback will be reviewed and considered in future planning efforts.

Please send an email to us at: CHNA@advocatehealth.org

This report can be viewed online at the Atrium Health Community Health Needs Assessment Report webpage via the following link:

https://atriumhealth.org/about-us#community-benefit

A copy of this report may also be requested by contacting the hospital's Community Health Department.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Atrium Health Anson became part of Atrium Health Hospitals Inc, on July 1, 2025. Because this is the first CHNA cycle for Atrium Health Anson there is no prior Implementation Strategy to evaluate. This CHNA establishes a baseline for future assessments and strategic planning. Future CHNA reports will include updates on the impact of the plan in this section.

APPENDICES

Appendix 1: Central Carolina Community Collaborative Survey

To view the Atrium Health Anson Community Health Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, visit: https://cccc.metop.io/community-health-reports-and-plans

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, please visit the Atrium Health Community Resource Hub: https://www.atriumhealthcommunityresourcehub.org

Substance Use

Organization	Website	Contact
Atrium Health Anson Dr. Afrayem Morgan	www.atriumhealth.org	704-446-0391
Daymark Recovery Services	www.daymarkrecovery.org	704-694-6588
Safer Communities	www.safercommunitiesministry.org	704-576-3268
Samaritans Colony	www.samaritancolony.org	910-895-3243
Bridge to Recovery	www.thebridgetorecovery.org	704-909-8025

Chronic Disease & Prevention

Organization	Website	Contact
Anson County Sheriff Dept	www.ansoncountysheriff.gov	704-694-4188
Anson County Domestic Violence	www.acdvc.com	704-694-4499
Anson County EMS	www.co.anson.nc.us	704-994-3304
Wadesboro Fire Department	https://wadesborofire.org	704-694-1014

Maternal & Child Health

Organization	Website	Contact
Carolinas Primary Care	www.atriumhealth.org/locations/detail/carolinas-primary-care	704-994-4900
Anson County Health Department	www.co.anson.nc.us/164/Health-Department	704-994-5188
Hope Pregnancy Center	www.hopeforhernc.org	704-690-6689

Social Drivers of Health

Organization	Website	Contact
Feed My Lambs	www.feedmylambsnc.com/foodservices	704-695-1820
Homes of Hope	www.ansoncountyhomesofhope.com	704-465-2437
Anson County DSS	www.ncdhhs.gov	704-694-9351

Appendix 3: Sources

Agency for Toxic Substances and Disease Registry - Environmental Justice Index, 2024. Retrieved from https://www.atsdr.cdc.gov/place-health/php/eji

American Community Survey (ACS), 2019-2023. Retrieved from https://www.census.gov/programs-surveys/acs/

Area Health Resources Files (AHRF), 2022, 2023. Retrieved from https://data.hrsa.gov/topics/health-workforce/ahrf

Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from https://www.cdc.gov/brfss/

Central Carolina Community Collaborative (CCCC) Community Health Needs Survey

Centers for Disease Control and Prevention (CDC), 2018. Retrieved from https://www.cdc.gov/impaired-driving/about/index.html?CDC_AAref_Val=https://www.cdc.gov/transportationsafety/impaired_driving/states.html

County Databooks, North Carolina Department of Public Safety, 2023. Retrieved from https://www.ncdps.gov/our-organization/juvenile-justice/community-programs/county-databooks

County Health Data Book, 2008-2014. Retrieved from https://schs.dph.ncdhhs.gov/data/databook/

County Health Rankings, 2024, 2017-2021, 2018-2022. Retrieved from https://www.countyhealthrankings.org/

Debt in America, Urban Institute, 2025. Retrieved from https://datacatalog.urban.org/dataset/debt-america-2025

EJScreen: Environmental Justice Screening, 2020, 2024, 2019-2023. Retrieved from https://www.epa.gov/ejscreen

Food Access Research Atlas, 2019. Retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas/

Map the Meal Gap, Feeding America, 2023. Retrieved from https://www.feedingamerica.org/research/map-the-meal-gap

Maternal and Child Health Bureau (MCHB), 2020-2022. Retrieved from https://mchb.hrsa.gov/

Motor Vehicle Traffic Injury Data, 2019-2023. Retrieved from https://injuryfreenc.dph.ncdhhs.gov/

National Vital Statistics System-Mortality (NVSS-M), 2019-2023. Retrieved from https://www.cdc.gov/nchs/nvss/deaths.htm

National Vital Statistics System-Natality (NVSS-N), 2023. Retrieved from https://www.cdc.gov/nchs/nvss/births.htm

North Carolina All Payer Claims Dataset, 2020-2024. Retrieved from North Carolina Hospital Association

North Carolina HIV, STD, and Hepatitis Surveillance Reports, 2023 https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html

North Carolina Reported Pregnancies, 2023. Retrieved from https://schs.dph.ncdhhs.gov/data/vital.cfm

North Carolina State Center for Health Statistics County Health Data Books. 2023, Retrieved from https://schs.dph.ncdhhs.gov/data/databook/BirthIndicators-CHDB25/NorthCarolina.pdf

North Carolina Violent Death Reporting System (NC-VDRS), 2019-2023. Retrieved from https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/ViolentDeathData.htm

North Carolina Vital Statistics, Volume 1: Population, Births, Deaths, Marriages, Divorces, 2019-2023. Retrieved from https://schs.dph.ncdhhs.gov/data/vital.cfm

Opioid and Substance Use Dashboard, 2020, 2023. Retrieved from https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data

PLACES, 2022. Retrieved from https://www.cdc.gov/places/

Atrium Health

Thank You

Phone

704.994.4500

Online

www.atriumhealth.org

Address

2301 US-74

Wadesboro, NC 28170